PART B - FEE(S) TRANSMITTAL

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466	1590 61/12	(2019	h	ive its own certificate	or matting or wansmission.	•
YOUNG & THO 209 Madison Stre Suite 500	eŧ		1 8 31 11	Certificate of Mailing or Transmission I hereby certify that this Fer() Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (571) 273-2885, on the date indicated below.		
Alexandría, VA 2	2314		l l			(Depositor's istree)
				***************************************		(Signators)
				***************************************	***************************************	(Date)
APSELICATION NO.	FILING DATE		FIRST NAMED INVENTO	8	ATTORNEY DOCKET NO.	COMFIRMATION NO
10/516,083	07/25/2005	······	Gilles François Guicha		0508-1117	L 2803
TULE OF INVENTION PREPARATION OF MED		RIC MOLECULES, T	HE PREPARATION N	ETHOD THEREOF	AND USE OF SAME	FOR THE
APPLN, TYPE	SMALL ENTITY	ISSUE PEE DUE	PUBLICATION FEE DU	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	E DATE DUE
nonprovisional	NO	\$1510	\$300	30	\$1810	04/12/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
KOSAR, ANDREW D		1654	514-009000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address for Change of Correspondence Address form PTO/SB/122) strached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (i) the names of up to 3 registered patent stroneys or agents OR, alternatively. (2) the name of a single from (having as a member a registered attorney or agent) and the names of up to 2 registered patent stroneys or agents. If no name is listed, no name will be printed.			
(A) NAME OF ASSIGN	s an assigned is identi n 37 CPR 3.11. Comp EEE nal de la R	fied below, no sestigner letion of this form is NO echerche Sc.	data will appear on the Tasubstitute for filing a (B) RESIDENCE: (CU ientifique	patent. If an assigne a assignment. Y and STATE OR CO Paris, Fi	ountry) tance	locument has been filed for
Please check the appropriat	e assignee category or	categories (will not be pr	inted on the patent):	Atadividual Wa Cor	peration or other private gr	oup entity 🚨 Government
4a. The following fee(s) are	small entity discount p	smitted)	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form) 			
 Change in Entity Status a. Applicant claims S 	MALL ENTITY status	s. See 37 CFR 1.27.	□ b. Applicant is no le) nger claiming SMALI	if necessary) LENTITY status, See 37 C	FR 1.27(g)(2).
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Authorized Signature	A	M. Marin		Date Apri	l 12, 2010	
Typed or printed name	Benoit Cast	el	Registration No. 35,041			
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